KRIMSON TAX SERVICE, LLC
P.O. BOX 35770
HOUSTON, TX 77235
(713) 723-3763

TAX PAYER INFORMATION:

_____ _____ ___ _____
FIRST NAME **LAST NAME** **MI** **SUFFIX (JR. SR. etc)**

SSN:_____-_____-_____ **OCCUPATION:**_____

DOB:_____/_____/_____ **EMAIL:**_____

HOME PHONE:_____ **WORK:**_____ **EXT.**_____

ALTERNATE PHONE OR CELL PHONE:_____

ADDRESS:_____ **APT. #**_____
STREET/P.O. BOX

CITY:_____ **STATE:**_____ **ZIP:**_____

SPOUSE INFORMATION:

_____ _____ ___ _____
FIRST NAME **LAST NAME** **MI** **SUFFIX (JR. SR. etc)**

SSN:_____-_____-_____ **OCCUPATION:**_____

DOB:_____/_____/_____ **EMAIL:**_____

HOME PHONE:_____ **WORK:**_____ **EXT.**_____

ALTERNATE PHONE OR CELL PHONE:_____

FILING STATUS:

1. SINGLE _____
2. MARRIED FILING JOINTLY _____
3. MARRIED FILING SEPARATE _____
4. HEAD OF HOUSEHOLD _____
5. QUALIFYING WIDOW _____

EVERYBODY ON THE RETURN WAS COVERED BY HEALTH INSURANCE ALL YEAR?
YES____ NO____

DEPENDENT INFORMATION

NAME LAST, FIRST, MI	SOCIAL SECURITY NUMBER	DATE OF BIRTH	RELATION-SHIP	CHILD CARE YES/NO	MONTHS IN HOME	EDUCATION CREDIT YES OR NO

CHILD CARE INFORMATION

CARE PROVIDER (NAME & PHONE NUMBER)	ADDRESS	EIN # OR SS #	AMOUNT PAID

Are you and/or any dependents being claimed on anyone else's tax return
No___ If yes, by whom?_____

How did you hear about us? _____

SERVICES NEEDED

THESE RATES ARE IN ADDITION TO TAX PREPARATION FEES.
REFUNDS PENDING IRS APPROVAL ONCE SUBMITTED

_____	**Refund Transer**	**(10 - 14 DAYS)**	$240.00	_____ Direct Deposit _____ Check
_____	**Electronic Filing**	(recieve **IRS** deposit in 3 weeks) (recieve **IRS** deposit in 4 weeks)	$120.00	_____ Direct Deposit _____ Check
_____	**Mail In**	(recieve **IRS** deposit in 5 weeks) (recieve **IRS** deposit in 6-8 weeks)	No Charge	_____ Direct Deposit _____ Check

☐ I declare that all information on this form to the best of my knowledge and belief is true, correct, and complete. By signing this information sheet I authorize **Krimson Tax Service** to prepare Income Tax Return(s) on my behalf and to verify with the IRS on prior outstanding debts owed to the IRS, Student Loans or Child Support.

X_____ _____ X_____ _____
Taxpayer's Signature **Date** **Spouse's Signature** **Date**

KRIMSON TAX SERVICE, LLC
THANK YOU FOR YOUR CONTINUED DEDICATION